## GREATER ATTLEBORO-TAUNTON REGIONAL TRANSIT AUTHORITY APPLICATION FOR STATEWIDE ACCESS PASS

**PLEASE COMPLETE** the following Application if you are:

- 1. A MEDICARE Card Holder;
- 2. Currently receive disability payments from SOCIAL SECURITY;
- 3. A VETERAN with a disability rating of 70% or greater; and/or
- 4. Client of DMH (Dept of Mental Health), DDS (Dept of Developmental Services) and/or MRC (Mass. Rehab. Commission).

## ATTACH A COPY TO THIS APPLICATION OF:

Your MEDICARE Card or Agency Letter from above listed Agencies verifying current status.

NAME:	
(Last)	(First)
ADDRESS:	
CITY OR TOWN:	ZIP CODE:
TELEPHONE NUMBER: _	
DATE OF BIRTH:	
SIGNATURE	DATE:
You will be notified by mail wh	EASE SEND COMPLETED APPLICATION TO: GATRA 10 Oak Street, 2 <sup>nd</sup> Floor Taunton, MA 02780 Attention: ADA Office  nen your eligibility for a Statewide Access Pass is approved and when you may
<b>5</b> 1	ken for this Pass. THIS CARD IS TO OBTAIN HALF FARE ON ALL SES AND ALL OTHER PUBLIC TRANSPORTATION IN
	a que esta traducido al Español, llame a 508-823-8828. referir esto traduzido em Português, ligue 508-823-8828.
	FOR GATRA OFFICE USE ONLY
PICTURE TAKEN:	GATRA ACCESS PASS ISSUED:
	EXPIRATION DATE:
MBTA CHARLIE CARD NO.:	: